

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CA No. 04-10642-RWZ
DEFENDANT 928 Oakley Street, New Bedford, Massachusetts		TYPE OF PROCESS Complaint and Warrant and Monition
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN New Bedford Assessor's Office	
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) 133 William Street, Room 109, New Bedford, MA 02740	

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285
Shelby D. Wright, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

Please serve the attached Verified Complaint and Warrant & Monition upon the above-referenced individual by certified mail, return receipt requested.

KBW x3364

Signature of Attorney or other Originator requesting service on behalf of : Shelby D. Wright / LJT	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (617) 748-3100	DATE May 7, 2004
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk May 7, 2004	Date <u>5/17/04</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above). A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above) Date of Service 5/17/04 Time am
pm

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or	Amount or Refund
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REMARKS: 5/17/04 Certify # 7002 0510 0004 3543 7425
Delivered - No date 